

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

FILING DATE

APPLICANT(S)

09/202423

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3	1					
4	31					
5	31					
6	31					
7	31					
8	31					
9	31					
10	31					
11	1					
12	1					
13	1					
14	1					
15	1					
16	31					
17	31					
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49						
50						
TOTAL IND.	5					
TOTAL DEP.	19					
TOTAL CLAIMS	19					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						